

SUICIDE PREVENTION AIDES:  
AN EVALUATION OF THE PROGRAM'S  
EFFECTIVENESS

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Submitted To: DONALD B. LEMIRE  
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RECEIVED - BUREAU OF THE ARMY

ANNUAL REPORT OF THE COMMANDANT

OF THE ARMY

Approved by: JOHN J. HANCOCK  
Special Agent in Charge

Submitted by: JOHN J. HANCOCK  
Special Agent in Charge  
CANDIDATE FOR RE-ELECTION  
LIVING

Date: JUNE 10, 1918

## I. INTRODUCTION

Pursuant to your request, I evaluated the Prisoner Suicide Aide Program during field visits to Rikers Island Hospital, C-71, New York City House of Detention for Men (H.D.M.), New York City Correctional Institution for Men (C-76), and the Queens House of Detention for Men. In addition, telephone interviews were utilized to gather information about the suicide aide programs at the Bronx and Brooklyn Houses of Detention. The purpose of the evaluation was to determine the extent to which the program provides the Department with an effective deterrent to suicidal behavior among inmates.

## II. MAJOR OBSERVATIONS

### A. SCREENING

The Department does not provide a formal mechanism by which inmates are screened for the position of suicide aides. As a consequence, inmates ill-suited for the position have been appointed. According to one inmate aide, "some of the other guys don't care what goes on here".

In some institutions, suicide aides receive medication from a physician or a psychiatrist. This medication might adversely affect alertness. I did not, however, observe and formal mechanism by which inmates receiving medication are declared fit to work by a psychiatrist or physician. In addition, our Department is not apprised of those aides who receive medication.

## B. TRAINING

The Department provides no formal training program for suicide aides. In the words of one suicide aide, "The person who was familiar with the job familiarized me with it. The rest is on the job." As a consequence of inadequate training, many suicide aides do not know the warning signs which often precede a suicide attempt. Some suicide aides did not know the correct action to take in the event of an attempted "hang-up." When asked about his response to a "hang-up" attempt during lock-in, a suicide aide said, "I wouldn't go in the cell, the officer's supposed to do that."

The lack of training has also affected the staff's perception of suicide aides. Many officers have reservations about the abilities of suicide aides and do not utilize these aides effectively.

## C. SALARIES

Salaries for suicide aides vary widely between the institutions:

<u>INSTITUTION</u>	<u>HOURLY RATE</u>
R. I. H.	25 cents
C - 71	20 cents
H. D. M.	20 cents
Queens	20 cents
Brooklyn	10 - 25 cents
C - 76	35 cents

A uniform salary scale is not in effect for suicide aides.

D. REFRESHMENTS FOR THE NIGHT SHIFT

Although coffee and sandwiches would act as an incentive and increase alertness, the Department has not instructed institutions to provide refreshments to aides that work the night shift.

Only a few institutions provide coffee for aides and this is done on an informal basis.

E. LOG SHEETS

Although log sheets would insure that suicide aides are making rounds and providing valuable information to the staff, the Department has not provided a format by which these logs can be maintained. Two institutions maintain suicide aide log-books, but the information in these logs is either worthless or inappropriate.

F. GUIDELINES

There is a conspicuous absense of Departmental Directives which would provide the institutions with guidelines for the Suicide Aide Program.

On February 22, 1972, the Department issued Directive No. 8 Suicide Prevention Aides (See attached Directive). This Directive established the suicide aide program on an experimental basis. It did not, however, give specific guidelines for the program. No subsequent Directive was ever issued by the Department that provided the

Institutions with guidelines for this program.  
As a consequence the program's effectiveness  
as a deterrent to suicidal behavior has been  
severely limited.

### III. SOURCES OF INFORMATION

#### A. STAFF INTERVIEWED AT INSTITUTIONS

<u>NAME</u>	<u>DATE</u>	<u>INSTITUTION</u>
Tom O'Rourke, Chief of Service	5/28/79	R.I.H.
Officer Lewis	5/29/79	C - 71
Dr. Kachur	5/29/79	C - 71
Captain Foy	5/31/79	C - 71
Captain Jackson, Assignments	5/31/79	H.D.M.
Officer Peters	5/31/79	H.D.M.
Officer Whittaker	5/31/79	H.D.M.
Joe Mendez, Social Worker	5/31/79	H.D.M.
Deputy Warden Bain	5/31/79	H.D.M.
Captain Berkowitz	6/ 8/79	Queens
Office Sepe	6/ 8/79	Queens
Noble Jones, Psychologist	6/ 8/79	Queens
James Robinson, Counselor	6/ 8/79	Queens
Deputy Warden Malinsky	6/12/79	C - 76

B. INMATES INTERVIEWED

<u>NAME</u>	<u>NUMBER</u>	<u>DATE</u>	<u>PLACE</u>	<u>SUICIDE AIDE</u>
James McCallum	999-77-83	5/28/79	R.I.H.	YES
Stephan Levant	446-78-2585	5/28/79	R.I.H.	YES
Anthony Mitchell	346-78-4673	5/28/79	R.I.H.	YES
Eugene Malveryt	999-79-38	5/28/79	R.I.H.	YES
John Suggo	346-78-4247	5/29/79	C - 71	YES
Robert Barham	246-78-1717	5/29/79	C - 71	YES
Bob Foley	999-79-4	5/29/79	C - 71	YES
Manseratte Miranda	244-78-994	5/31/79	H.D.M.	YES
Alex Metro	850-78-1029	5/31/79	H.D.M.	YES
Carlos Sostre		5/31/79	H.D.M.	YES
David Hampton	779-426	6/ 8/79	Queens	YES
Donald Chrise	779-149	6/ 8/79	Queens	YES
Robert Ellis		6/12/79	C - 76	YES

C. STAFF INTERVIEWED VIA TELEPHONE

<u>NAME</u>	<u>INSTITUTION</u>	<u>DATE</u>
Warden Louis Greco	Brooklyn	6/6/79
Deputy Warden Wood	Bronx	6/6/79

D. DOCUMENTS REVIEWED

1. Directive No. 8, Suicide Prevention Aides; February 22, 1972
2. Manual of Suicide Interception, October, 1973.
3. Manual of Suicide Prevention, Queens House of Detention
4. Inmate Suicide Aide Program, A Review, January 1979.



#### IV. EVALUATION OF SUICIDE AIDE PROGRAMS

##### A. RIKERS ISLAND HOSPITAL

At Rikers Island Hospital, Suicide Aides are utilized on the mental observation and punitive segregation areas. The inmates are paid twenty-five (25) cents an hour for an eight (8) hour shift, 7 days a week. During their shift, they are required to patrol the cell-block and observe the behavior of designated inmates.

Officers hire the suicide aides from the patient population. The hiring is done in consultation with the mental health staff. No formal training program is offered to the suicide aides.

Tom O'Rourke, Chief of Service feels that the primary purpose of the program is to provide employment for inmates. The secondary purpose, he feels, is to provide a deterrent to suicide gestures. It appears that the staff has reservations about trusting suicide aides who are chosen from the patient population. Despite these reservations, the staff viewed the program as being necessary.

The suicide aides interviewed in the mental observation section appeared alert and were able to provide relevant responses to my questions. They were, by their account, hired by the floor officer. These aides minimized the role of the mental health staff in the hiring process. When questioned about their duties during a "hang-up" attempt, these aides were able to give the appropriate response. They were not, however, fully cognizant of



the "signs" which might indicate that a gesture is imminent. Their effectiveness as deterrent to suicide was limited by their lack of training.

According to the aides, coffee is available to them during the night shift.

B. C - 71

At C-71, all mental observation housing units have suicide aides. The aides are paid twenty (20) cents an hour. They work seven (7) days a week, eight (8) hours each day.

The suicide aides are picked by the floor officers. Their choices are cleared by the psychologist. Attendance at a weekly training session is mandatory for all suicide aides. The session is scheduled for Thursday afternoons at 2:00 P.M.. It is taught by Dr. Kachur, a psychologist who is responsible for overseeing the suicide aide program. According to Dr. Kachur, the training sessions attempt to clarify the job duties of suicide aide and make these aides aware of the signs which indicate that a suicide attempt may be imminent. The Suicide Aides that I interviewed were able to describe the signs which would indicate that a person is potentially suicidal. They also had a clear picture of their duties.

Once again, the staff has mixed feelings about the suicide aide program. These feelings are based on an underlying sense of mistrust that officers hold towards inmates. The officers do, however, recognize that the aides serve an important purpose.

C. HOUSE OF DETENTION FOR MEN

At H.D.M., there are suicide aides on all housing blocks. There are three (3) suicide aides on each side of the block. On the mental observation block, there is one inmate assigned to the dayroom during lock-out periods.

According to Captain Jackson, inmates who want jobs as suicide aides request those jobs via interview slips. These inmates must meet certain criteria to be placed on a waiting list. If an inmate has a bail in excess of \$10,000 or a pending examination for competency, he cannot become a suicide aide. Some exceptions are made to these rules by Superior Officers. At the time of my visit, there were fourteen (14) inmates on the waiting list.

When a vacancy arises, and inmate is appointed to the job given a Manual Of Suicide Prevention. (See attached Manual) There is no formal training beyond the distribution of Manuals.

Suicide aides at H.D.M. are paid twenty (20) cents an hour. Alternate aides, who substitute for the regular aides, are paid fifteen (15) cents an hour. They work eight hour shifts, seven days a week. No coffee or sandwiches are provided to suicide aides during the night shift. One Deputy Warden felt that officers would not want to share food from the same wagon with inmates.

The mental health staff has little, if any, contact with the suicide aide program. They have no input in the hiring process and do not provide any supervision for these aides. In addition, they rarely use these aides as a "source" of information about patients.

Some suicide aides at H.D.M. were familiar with the contents of the suicide aide manual. Others were not fully cognizant of its contents. The manual may be beyond the reading level of many aides. It was clear, that the distribution of the suicide intervention manual must be supplemented with training.

As in other institution, officers have reservations about suicide aides. One officer felt "uneasy" about having an inmate locked out at night. All staff interviewed felt that suicide aides were necessary.

#### C. QUEENS HOUSE OF DETENTION

At the Queens House of Detention, sentenced inmates are utilized as suicide aides. There are eight (8) men assigned to observe inmates on the mental observation areas.

Suicide aides are initially chosen by the Receiving Room Captain. There are several conditions which would preclude an inmate from participation in this program. These conditions include, but are not limited to, a long history of institutional infractions, repetitive history of assaultive behavior, and a history of an escape attempt.

Following the initial selection by the Receiving Room Captain, mental health worker James Robinson screens the aide for motivation, ability to work on a team, maturity, ability to cope with hostility, and alertness. In addition, a fifth grade reading and writing level is required.

Suicide aides are paid twenty (20) cents an hour. They are given a Manual for Suicide Prevention. The manual lists guidelines for selection of suicide aides, information on suicide prevention, and the job requirements for suicide aides. According to Mr. Robinson, a training session for suicide aides is given on a weekly basis. During the past three (3) weeks, however, no training session has been held.

At the Queens House of Detention, suicide aides are required to maintain a Suicide Aide Log Sheet (see attached sheet) Every inmate housed in the suicide aide's area is listed on the sheet. The aide is required to note refusal of medication and unusual behavior. For all new admission, the aide is required to note his appearance and indicate whether or not he is a drug addict or alcoholic. I reviewed the sheets for the day of my visit and found them to be complete. Although the use of "Log Sheets" is a practice that establishes accountability, the entries should be limited to simple observations. Refusal of medication is the responsibility of the nurse. In addition, aides should not be required to ask questions about alcohol or drug addition.

These questions are the responsibility of the medical staff. Suicide aides should report sleeping and eating patterns as well as suicidal thoughts or gestures.

The two suicide aides interviewed at this facility were familiar with the mental observation inmates and appeared to have the appropriate temperament for the job. Neither aide who been given training. According to one aide, "The person who was familiar with the job, familiarized me with it. The rest is on the job."

A coffee wagon makes rounds during the night shift. Coffee is for the officers, but it is distributed to the suicide aides with the officer's approval. According to Mental Health Worker Robinson, a memo which authorized distribution of coffee to suicide aides was once issued, but has long been forgotten.

#### E. BROOKLYN HOUSE OF DETENTION

At the Brooklyn House of Detention, suicide aides are located on the mental observation and punitive segregation areas. These areas include the 10th, 5th and 3rd floors. The salaries of these inmates vary according to the length of their employment. Salaries range from ten (10) cents an hour to twenty-five (25) cents an hour. No formal training program exists at this institution.

Warden Greco feels that it is difficult, if not impossible, to measure the success of the suicide aide program because quantitative measures are not readily applicable to "prevented suicides". He wants to extend the program



at Brooklyn House to include the 7th floor because that floor houses new admissions.

F. BRONX HOUSE OF DETENTION

At this time, Suicide Prevention Aides are assigned to the fourth floor Mental Observation area. The area consists of twelve (12) cells. Sentenced inmates are utilized as Suicide Aides.

There is no formal screening or training program for Suicide Aides at the Bronx House of Detention. Deputy Warden Wood reported that he intended to initiate a training program.

During the evening shifts, coffee and sandwiches are provided for the Officers. The decision to distribute this food to Suicide Aides depends upon Officer in Charge of the housing area.

G. C - 76

At C-76, Suicide Aides are utilized on the Mental Observation tier. The aides work six (6) hours a day, seven (7) days a week. Their hourly wage is thirty-five (\$.35) cents an hour.

Suicide Aides are required to enter the name of each inmate under their observation into a log book. Every thirty (30) minutes, the Suicide Aide makes a brief entry by the inmate's name. The most frequently entry was "O.K.". This system is obviously inadequate.

The Suicide Aides at C-76 do not receive any special screening before they are assigned to their jobs.

There is no formal training program for aides at this Institution. When asked about training, a Suicide Aide said, "I hustled a book from one of the other guys. If it wasn't for the book, I wouldn't know some of these things."

The problems caused by the lack of training became evident during my interview with the same Suicide Aide. According to the Aide, "The first couple of nights were the hardest. I was afraid to look in (the cell). I thought somebody would reach out and grab me". In this case, the lack of training created needless anxiety for the Suicide Aide and resulted in less than optimal observation of potentially suicidal inmates.

#### V. ASSESSMENT AND CONCLUSIONS

Despite reservations about the program, the staff at the Institutions unanimously recognized the value of the Suicide Aide Program. Many of the reservations towards the Suicide Program would be removed by improving the screening and training process. Suicide Aide candidates should be screened for those factors that would make them good aides, i.e., alertness, conscientiousness, ability to empathize.



In some institutions, the Suicide Aides were receiving medication. Although the use of medication should not automatically preclude an inmate from working, the Department should receive written clearance from the medical staff for each aide that receive medication.

In addition to improved screening, on-going training programs are needed where these programs are absent. Training would undoubtedly increase the competency of the Suicide Aides. As their competency increases, our staffs expectations of these aides will rise.

An additional step which can be undertaken to improve the staff's attitude toward aides would be the inclusion of staff in these training sessions. The participation of staff and inmates in training programs would lower the barriers that exist between these groups.

Other measures can be undertaken to improve the Suicide Aide Program. For example, certificates can be provided to inmates upon completing a certain amount of hours in training. These certificates would serve to give the training program structure and offer the inmate a sense of achievement. Another measure which should be undertaken is the distribution of coffee and sandwiches to Suicide Aides during the night shift. The distribution of coffee and food would provide an additional "reward" for working the night shift and increase alertness.

## VI. RECOMMENDATIONS

### A. SCREENING

1. Screening for Suicide Aides should go beyond security considerations. Inmates should be screened for those qualities that would make them good aides.
2. Specific guidelines should be established for employing suicide aides that are receiving medication. The medical staff should clear these inmates on a regular basis to insure that the medication will not interfere with their effectiveness. In addition, a mechanism should be provided that would keep our Department informed of those aides who are receiving medication.

### B. TRAINING

1. In order to improve the competency of Suicide Aides, an on-going training program should be present in all Institutions.
2. Staff, as well as inmates, should participate in the training programs, so that barriers between these groups are lowered.
3. Certificates, should be issued for successfully completing a certain amount of course hours. The certificates would provide a sense of achievement and give the course structure.

C. REFRESHMENTS FOR NIGHT SHIFT

1. Suicide prevention aides should be provided with coffee and sandwiches during the evening shift. The food would serve to make Suicide Aides more productive.

D. SALARIES

1. The salary levels should be reviewed by Fiscal Control and a uniform salary level should be adopted.

E. LOG SHEETS

1. In order to provide a more accountable system of observation, log sheets should be used by aides. Entries on these sheets should be limited to simple observations.

F. GUIDELINES

1. In order to ensure that the best Suicide Aide Program is properly implemented, the aforementioned recommendations should be incorporated in a Departmental Directive. Since the Institutions are dissimilar the Directive should allow each Institution some flexibility in the implementation of the program.

The following list indicates the amount of aides  
at each facility:

<u>INSTITUTION</u>	<u>NUMBER OF AIDES</u>
BRONX	6
BROOKLYN	18
QUEENS	8
H. D. M.	79
C - 76	4
R. I. H.	6
C - 71	15
A. R. D. C.	18



G. TASK-FORCE

1. A task-force comprised of members from our Department and the Department of Health should devise a screening and training program for suicide aides. It is essential that input from all involved parties be obtained during this process.

H. MONTHLY UTILIZATION REPORTS

1. To ensure that the suicide aide program is functioning properly, it is recommended that a monthly utilization report from each institution be submitted to Deputy Commissioner Rosen, Deputy Commissioner Wainwright, Lawrence Finnegan, General Counsel, and Donald B. Lemire, Director, Conditions of Confinement Division. These reports should be prepared by the person designated to oversee the Institutional program.

The report should include, but not be limited to, the distribution of suicide aides by housing units, hiring difficulties, and a list of those aides dismissed from duty with the reasons for their dismissal. Currently, the number of suicide aides employed by the Department in its facilities ranges from 120 to 130 inmates, depending on census fluctuations.